



U.S. Department of State  
Student Loan Repayment Program (SLRP)

**REQUEST FOR CONSIDERATION**  
**FY- 2005**

You must complete the SLRP Eligibility Worksheet, DS-4037, before filling out the Request for Consideration. Submit a copy of Sections 100, 200, and 300 of the Eligibility Worksheet with this Request for Consideration.

**Employee Information:**

1. Name ( <i>Last, First, MI</i> )		2. Social Security Number	
3. Check One: <input type="checkbox"/> Civil Service <input type="checkbox"/> Foreign Service			
4. Supervisor's Name		5. Post or Office of Assignment	
6. Mailing Address (may be domestic office or home address, or overseas pouch or APO address)			
City		State	ZIP
7. Telephone(s)	8. Fax	9. Email Address(es)	

**Loan Information:**

10. Complete the following blocks for each of your outstanding **qualifying** loans in the order you wish the payments to be credited. Additional loans may be listed on page 3. *Multiple loans held by the same lender must be totaled together.* Provide a copy of a current statement from each lender/loan servicer. If loans were consolidated, documentation from lender must be provided to indicate that the original loans were qualifying loans. The only exception is Direct Loans, U.S. Department of Education, which services only qualifying loans. Martial consolidated loans require additional documentation and employees holding such loans should refer to SLRP FAQ's for guidance.

a. Loan Servicing Organization:	Outstanding Balance	Date ( <i>mm-dd-yyyy</i> ) of Outstanding Balance:	Type of Loan ( <i>e.g., Stafford, Consolidated</i> )
b. Loan Servicing Organization:	Outstanding Balance	Date ( <i>mm-dd-yyyy</i> ) of Outstanding Balance:	Type of Loan ( <i>e.g., Stafford, Consolidated</i> )
c. Loan Servicing Organization:	Outstanding Balance	Date ( <i>mm-dd-yyyy</i> ) of Outstanding Balance:	Type of Loan ( <i>e.g., Stafford, Consolidated</i> )

11. If any loans are serviced by organizations not among those in the drop down lists above, provide complete organization name and **payment** mailing address below. Attach additional pages as needed.



Name <i>(Last, First, MI)</i>	Social Security Number
-------------------------------	------------------------

Make copies, as needed. Add letters in sequence for each block in the left hand field.

d. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan <i>(e.g., Stafford, Consolidated)</i>
e. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan <i>(e.g., Stafford, Consolidated)</i>
f. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan <i>(e.g., Stafford, Consolidated)</i>
g. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan <i>(e.g., Stafford, Consolidated)</i>
h. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan <i>(e.g., Stafford, Consolidated)</i>

## PRIVACY ACT STATEMENT

**AUTHORITY:** 22 U.S.C. 2651a; 5 U.S.C. 301; 5 U.S.C. 5379; and E.O. 9397 for the SSN.

**PRINCIPAL PURPOSE:** To collect information in order to determine if you are eligible to participate in the Student Loan Repayment Program.

**ROUTINE USES:** The personal information and SSN are used by the U.S. Department of State to determine eligibility for the Student Loan Repayment Program, maintain administrative records, and perform other administrative functions inherent in the administration of this program and make payments on your behalf. This information will be made available to the Internal Revenue Service for tax and withholding purposes and to the Office of Personnel Management. Additionally, these records, or information therefrom, may also be used within the U.S. Department of State for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

**DISCLOSURE:** Providing personal information, your SSN and signing this agreement is voluntary, but failure to provide certain information may result in denial of your application and payments(s) not being made on your behalf.